

LIFE LINE

JULY/AUG/SEPT 2017



WALTER REED
BETHESDA



In This Issue

*A Message from the Director
WRNMMC Performs Corneal Crosslinking
WRNMMC Earns Baby-Friendly Designation
Nurses on Journey to "Pathway to Excellence"*





Team WRNMMC – I am thrilled to be here with you. In my short time aboard, I have been amazed with the premier health care, education and research occurring 24/7.

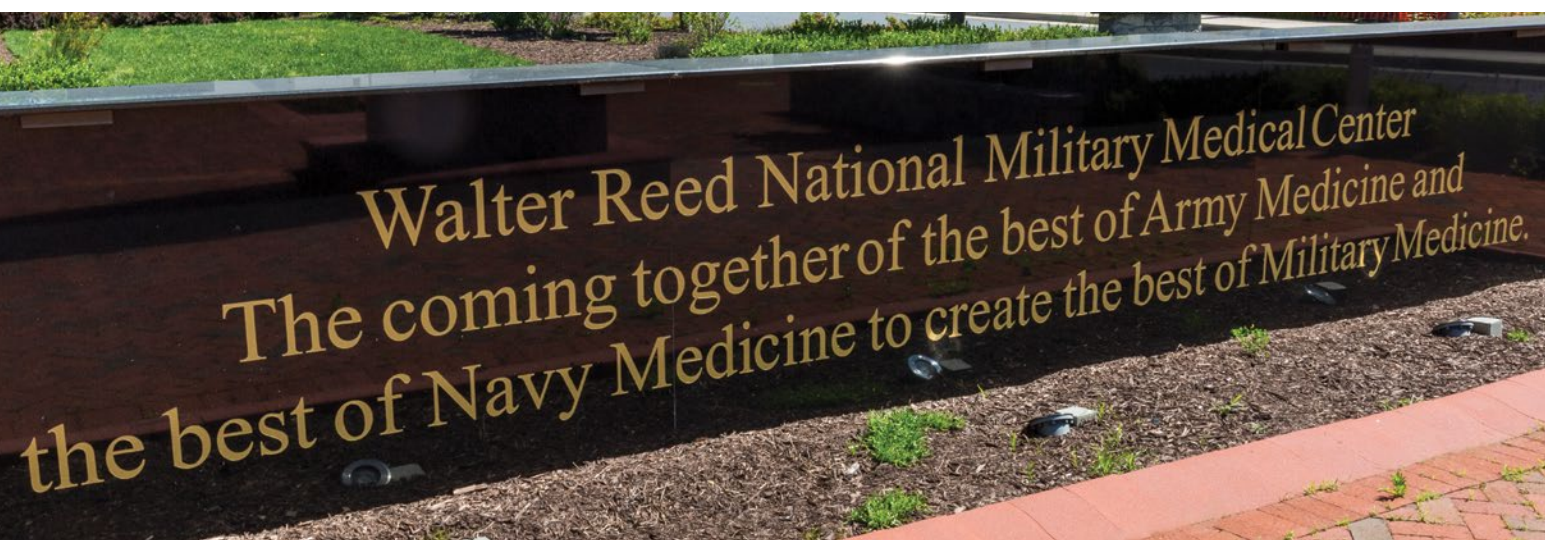
As I write, we have combat wounded, ill and injured Active Duty members both in our inpatient wards and our outpatient clinics. The battlefield survival rates are the highest in history because of your clinical and academic work. Our patients not only recover but resume active and productive lives. We are deployed or preparing for deployment. We stand ready as the President's Hospital for a wide range of support for him and other senior members of government. We routinely host distinguished visitors who leave reassured our service members, active and retired, their families and other patients are receiving the best medical and surgical care available.



Our academic groups are leading at the elite levels of research and education. We are the destination for thousands of patients a year who travel great distances to seek your help. There are multiple construction and renovation projects underway including the nearing comprehensive project replacing many of the central buildings in our medical center. These projects reflect the American people's commitment to Walter Reed National Military Medical Center - they think our work is worth the investment. In short, "What we do matters!"

As we move forward, I ask that you continue the deliberate, rigorous and unrelenting focus needed to ensure high quality health care at every level. The same attributes of modern health care that make it effective also expose our patients to more risk. Success here is, and must be, our highest priority even as we work through our many additional obligations. Our patients and our nation have entrusted us to deliver the highest quality patient care. We accept this trust and acknowledge that we are judged first and last on our success in quality of the health care. Continue your efforts in reducing preventable harm. Develop and enforce evidence-based procedures that reduce non-value added variation. Measure, act, measure again. Even if you are not working directly with the patients, your work here can and does directly influence patient care. Continue the cultural commitment to preventing harm and hold each other accountable to this mandate and you will see our value soar to even higher levels.

Thank you so much for the warm welcome and much more importantly, thank you for the tireless work on behalf of our patients. It is my privilege to serve with you!



Dr. Wanda Foxx, Pediatrics

What influenced you to go into pediatric medicine?

Pediatrics represents life, and I love life. I've always enjoyed working with children because of their fun and free-spirited energy, so it was a natural fit for me to do pediatric medicine.

What is it like being a pediatric physician and caring for service members' children at WRNMMC? I immensely enjoy being a pediatric physician at WRNMMC. I have a special interest for the military environment as my spouse is a retired Army colonel, and my children were raised in this environment. This helps me identify with the families I work with and hopefully helps me be more sensitive in the way I practice medicine. We work in a teaching environment, and the work is challenging and quite rewarding. I am always learning from the residents as I share my medical knowledge and my experiences with them.

What inspires you and keeps you motivated? My inspiration comes from my family. I am motivated by my Christian faith, and my desire to serve and do and be the best that I can be, not equal but to excel.

With schools back in session, what should parents do regarding their children's health? Parents need to check with their healthcare providers to see what vaccines are needed for the particular age of their children and also check what vaccines are requested by the school. Health assessments should also be completed to include vision screening. Parents should also be sure all needed medications are updated, and the forms are completed. It's important that students have everything that's needed to ensure a successful school year.



IN THE SPOTLIGHT

September Events

17-23

National Rehabilitation Awareness Week

National Surgical Technologists Week

18

U.S. Air Force's 70th Birthday

20

Substance Abuse Symposium
7:30 a.m. to 1 p.m.,
Memorial Auditorium

Life Line | July/Aug/Sept 3

20-22 Rosh Hashanah

21

Resiliency Lunch & Learn Series
1200-1300, Bldg 19,
Room 2525A

22 First Day of Fall

25

World Pharmacists Day
Department of Research
Guest Speaker Series
1400-1530
Memorial Auditorium

28

Resiliency Lunch & Learn Series
1200-1300, Bldg 19,
Room 2525A

National Penicillin Allergy Day

29

Resiliency
Get Growing! Garden Series
1400-1630, USO

Code Green
Mass Casualty Exercise

30 Yom Kippur



CONTENTS

This is an interactive PDF, with active bookmarks and hyperlinks. Click on the story below to go to the page. Click on the "home" icon to return to the Contents.

5	Construction News	21	WRB Corneal Crosslinking
6	Town Hall	22	DAISY Awardees
7	Baby-Friendly Designation	24	TMS Therapy
8	Around WRB	26	Skin Cancer Awareness
12	Marines Strengthen Bonds	28	Nurse Celebrates 45 Years
14	Soldier Wins MEDCOM Best	30	Lumen Christi Award
15	Osseointegration Advancements	32	Journey to the Pathway to Excellence
16	Liberty Center	33	Mental Health for Youth
17	219 th USPHS Birthday	34	Red Cross VolunTeens
18	GME Graduation	35	Interdisciplinary Practice Council

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Building 9/10 Windows Replacement Update

The next phase of the Window Replacement project will require the Building 9/10 East Corridor on the 1st and 2nd floors to be closed for 10 weeks. This closure began Tuesday, September 5.

- Patients and Staff are encouraged to use the Building 9/10 West Corridor to cross between the two buildings.
- Buildings 9/10 corridors on the 3rd floor and the Basement will still be accessible and may be used as alternate routes.
- Patients who park in Arrowhead/ Building 55 garage for **outpatient care** appointments should enter through the Building 9 skywalk on the 2nd Floor.
- Visitors who park in Arrowhead/Building 55 garage to visit **inpatients** should enter through the Building 10 skywalk on the 2nd Floor.
- Signage has been posted for redirection.

We apologize for any inconvenience.



Construction questions, concerns and feedback should be submitted to the:
Email: dha.bethesda.wrnmmc.list.communications-team@mail.mil | Information Hotline: 301-400-1934

Kobelja: We Are The Warriors WRNMMC Director Explains Medical Center 'Brand'

Story by Bernard S. Little,
WRB Command Communications



On Navy Capt. (Dr.) Mark A. Kobelja's desk sits the Purple Heart his maternal grandfather earned during World War II.

"I'm not the first military physician in my family," Kobelja explained to the Walter Reed National Military Medical Center staff in Memorial Auditorium for his first town hall as WRNMMC director July 11.

"My grandfather was an Army physician, and he did a fellowship at Walter Reed in 1942. [He] perished at the Battle of the Bulge as an Army physician," the Navy captain continued.

"I keep his Purple Heart on my desk as a reminder that we are not just clinicians. We don't just take care of the warriors...we are the warriors," he added.

Walter Reed is more than a name, but a brand more than 100 years in the making that connotes "compassion, caring, solace, comfort, help and excellence," Kobelja said. "What we do is high quality, good outcome health care. We also educate, and we are responsible for fielding our nation's expeditionary medical force. We conduct research and accurately claim that the majority of the Department of Defense's clinical research is sponsored or conducted by us," he added.

The WRNMMC director explained

beneficiaries come to the medical center because they assume there's high quality care provided here. "They hear the name and [know] they are going to get high quality health care," he stated.

But while beneficiaries can assume high quality health care here, the WRNMMC staff should remain vigilant that "the difference between a successful outcome and injury is very narrow" in the practice of today's medicine," Kobelja said. "[Success] requires professional focus, which is a specialty. If we're going to assert our claim of excellence in health care, we need to [have this focus]," he said.

"Quality requires our attention," Kobelja continued. "The experience of care is how our patients measure quality, and they're going to use surrogates to [get at that]," he explained. These surrogates include telephone etiquette of the WRNMMC staff, patient parking, housekeeping within the facility, the front-desk decorum of staff, patient-to-staff, as well as staff-to-staff communication, and other experiences by beneficiaries in their relations with the medical center.

"Our patients have a choice," Kobelja said, stressing it's important for the staff to go above and beyond to ensure beneficiaries chose WRNMMC as the place to get their health care.

"Our nation and Congress, on behalf of the American people, sponsor this expensive endeavor [WRNMMC] because they think it's worth it to have expert expeditionary medical capability ready when the nation calls. It is complex, it's expensive, it's hard to do, but they're convinced this is the best way to do that.

"In addition to making sure we're medically ready to go, we have to maintain our competencies. We have to get at that business of the complexities of health care, and we have to innovate so we can take those new techniques and concepts to the battlefield to save lives and bring our sons and daughters home, rehabilitate them and return them to society as productive individuals," he added.

"The Walter Reed brand was built by the tens of thousands of people who came before us. But now we've got the watch. It's our turn, [and] it's truly my privilege to be back working with you," Kobelja said.

Navy Capt. (Dr.) Mark A. Kobelja, director of Walter Reed National Military Medical Center, said Walter Reed is more than a name, "but a brand more than 100 years in the making that connotes compassion, caring, solace, comfort, help and excellence," during a recent town hall with staff members. (Photo by Harvey Duze)



WRNMMC Unveils Baby-Friendly Birth Facility Designation Plaque

Story by Bernard S. Little and Kalila Fleming
WRB Command Communications

Navy Lt. j.g. Renee Redmon (left), a nurse in the Mother Infant Care Center at Walter Reed National Military Medical Center, and Leasa Freese, WRNMMC's lead lactation consultant, hang the plaque indicating WRNMMC's designation as a baby-friendly birth facility. (Photo by Kalila Fleming)

Walter Reed Bethesda leadership and Mother Infant Care Center staff unveiled a plaque designating the medical center as a baby-friendly birth facility during a ceremony Aug. 22 in front of the MICC in the hospital.

Navy Capt. (Dr.) Mark A. Kobelja, WRNMMC director, said a focus of his is improving the high quality health care and outcomes delivered at the medical center. "It's hard work. It requires enormous effort."

The WRNMMC director added the MICC staff is "brilliant at navigating a high volume, high risk environment" while meeting patients' expectation of experience.

"It's extraordinarily difficult what you do here, and you never take anything for granted," Kobelja continued. He said WRNMMC earning baby-friendly designation matters because evidence-based research indicates those breastfeeding initiatives emphasized by Baby Friendly USA, along with the World Health Organization and United Nations Children's Fund, improve the quality of life for mothers and babies, as well as enhance health-care outcomes.

Evaluating WRNMMC for baby-friendly designation during a site visit, Baby Friendly USA assessors were impressed by the MICC team, as well as the volume of care they provide beneficiaries, said Navy Cmdr. Cathy Luna, certified

nurse midwife and service chief for Advanced Practice Nurses in the Department of Obstetrics and Gynecology at the medical center.

"Our nurses and other providers work with our moms around the clock to teach them how to breastfeed and bond [with their babies]. They work with the families in the Neonatal Intensive Care Unit. The [baby-friendly birth facility] designation is a reflection of our staff and a testament to the care they provide to our Walter Reed Bethesda families," Luna added.

"Our staff supports new mothers regardless of their baby-feeding methods," said Leasa Freese, WRNMMC's lead lactation consultant. "Practicing rooming-in, allowing mothers and infants to remain together 24-hours a day, is something we encourage," she furthered.

Freese praised all members of the MICC, NICU and Logistics teams for playing a part in the medical center earning the baby-friendly birth facility designation. "I only train [the nurses and providers]; they are the ones who did the work to make this happen," she added.

In order to be designated as a baby-friendly facility, WRNMMC had to complete all four phases of the 4-D Pathway to baby-friendly designation, established by the accrediting body for the baby-friendly hospital initiative. Phases

of the pathway include discovery (completion of a self-appraisal tool); development (establishing a baby-friendly committee/task force, BFHI work plan, hospital breastfeeding policy, staff training plan, prenatal/postpartum teaching plans, data collection plan); dissemination (staff training and data collection); and designation (implementing quality improvement plan, readiness interview and on-site assessment).

WRNMMC also had to successfully implement and execute the Ten Steps to Successful Breastfeeding for the baby-friendly designation. The steps include the following: having written a breastfeeding policy that is routinely communicated to all health-care staff; training all health-care staff in skills necessary to implement the policy; informing all pregnant women about the benefits and management of breastfeeding; helping mothers initiate breastfeeding within one hour of birth; showing mothers how to breastfeed and how to maintain lactation; giving infants no food or drink other than breast-milk, unless medically indicated; practicing rooming in (allowing mothers and infants to remain together 24 hours a day); encouraging breastfeeding on demand; giving no pacifiers or artificial nipples to breastfeeding infants; and fostering the establishment of breastfeeding support groups and referring mothers to them on discharge from the hospital or birth center.

Walter Reed National Military Medical Center Command Master Chief Sean Brown (left), with Army Sgt. Maj. Ana Alvarenga, WRNMMC's chief clinical noncommissioned officer, speak to service members during a recent CMC All Hands Call at WRNMMC. "Our hospital is here to serve, [and] we are here to serve," said Brown. "It is my responsibility to do everything in my power to help you focus on patient care and patient safety," he added. (Photo by Mass Communications Specialist 2nd Class Kevin Cunningham)



Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark A. Kobelja (left) and Army Sgt. Maj. Ana Alvarenga, WRNMMC's chief clinical noncommissioned officer (right) congratulate the medical center's quarterly award winners for the third quarter of Fiscal Year 2017 during a ceremony Aug. 31 in Memorial Auditorium. The honorees included (beginning second from left) Hospital Corpsman 1st Class Gavendra Rampertaap (Senior Sailor of the Third Quarter FY 2017); Danya Shah (Volunteer of the Third Quarter FY 2017); HM3 Brian Labay (Junior Sailor of the Third Quarter FY 2017); Navy Lt. j.g. Katarina Uebelhor (Nurse Preceptor of the Third Quarter FY 2017); and Hospitalman Heather W. Soper (Blue Jacket of the Third Quarter FY 2017). (Photo by Bernard S. Little)

Around Walter Reed Bethesda



29 Sailors from Walter Reed National Military Medical Center participate in a frocking ceremony in Memorial Auditorium June 8. (Photo by Bernard Little, WRB Command Communications)



Service members assigned to Walter Reed National Military Medical Center stand at attention during a ceremony commemorating the 242nd Army Birthday, June 8. (Photo by Mass Communication Specialist 2nd Class Kevin Cunningham, WRB Command Communications)



More than 50 clinicians from Walter Reed National Military Medical Center receive master and associate master distinctions during the third annual Master Clinician Recognition Ceremony in Memorial Auditorium June 16. (Photo by Kalila Fleming)



Federal Advanced Amputation Skills Training Instructor Dr. Sheila Clemens discusses early, post-surgical intervention for patients with lower limb loss in the Walter Reed National Military Medical Center Military Advanced Training Center on July 11. (Photo by Mass Communication Specialist 2nd Class Kevin V. Cunningham)



Maria Paz Aquino (left), nurse specialist for wound and ostomy at Walter Reed National Military Medical Center, conducts training for Wound Treatment Associate Aug. 2 at WRNMMC. The training, primarily for enlisted active duty personnel and civilian staff, teaches care of patients with chronic and acute wounds, according to Aquino. (Photo by Kalila Fleming)



Hospital leadership commends approximately 30 Sailors from Walter Reed National Military Medical Center, July 14, for their selection by their leadership to compete in the Meritorious Advancement Program. The program is intended to give leadership personnel the opportunity to recognize their best Sailors by advancing them when they are ready for the next level of responsibility. (Photo by Bernard S. Little)



Dr. Harold Wain and his family, joined by the Director of Walter Reed Bethesda Navy, Capt. Mark Kobelja and distinguished guests to celebrate Wain's more than 50 years of service as a federal employee during his retirement ceremony July 31 in Memorial Auditorium. (Photo by Megan Garcia)

Kidney Donation Strengthens Bond Between Marines

Story by Bernard S. Little
WRB Command Communications



Daniel Contreras (left) spends time with David Stallings and his children, Savannah Marie Stallings and Nicholas Hamilton Stallings. (Courtesy photo)

Daniel Contreras and David Stallings share a special bond as Marines.

They served in the same unit together for nearly three years during the late 1980s into early 1990. That bond became even stronger on Nov. 28, 2016 when Stallings donated his kidney to Contreras during a procedure that took place at Walter Reed National Military Medical Center.

The two met in February 1988 when Stallings was transferred to the 3rd Battalion, 7th Marine Regiment (originally 1st Battalion 4th Marines) at Marine Corps Air Ground Combat Center - 29 Palms, California.

"Our primary military occupational specialty was as machine gunners. We were assigned to Heavy Weapons Company (Mobilized), 3rd Battalion 7th Marines. We were part of a small group of Marines that ate, slept, worked and played together in the 7th Marines," Stallings explained.

Stallings was honorably discharged on a college early-out in June 1990, and the two parted ways.

Stallings returned to his native Annapolis, Maryland, but was recalled back to active duty briefly in 1991 for Operation Desert Storm. He then served in the Marine Reserves from 1991 to 1994 while continuing his education and working as a licensed mortgage banker, senior loan officer and licensed security systems technician in the Annapolis area.

Contreras continued to serve in the Marines until he was medically retired in 1998 following a stroke. His last duty assignment was as a weapons instructor at Marine Corps Combat Development Command - Quantico, Virginia. The Lorain, Ohio native remained in the area following his retirement.

The two occasionally communicated with a phone call or e-mail exchange here and there over the years.

"He did not live that far from me, but we could never seem to find the time to meet," Stallings added. "We started communicating more often with the help of social media and Facebook."

In May 2016, Contreras was told he had progressive kidney disease and would

need dialysis. He was also informed that eventually, he could possibly need a transplant.

"He told me that he was going to be at Walter Reed Bethesda for his first dialysis," Stallings recalled. "I told him over the phone that I had already been preliminarily tested in 2015 by the VA Hospital in Washington D.C. for a possible kidney donation to another Marine who lived in California, but that did not work out.

"I went on to tell him that all of my testing so far came back satisfactorily. I asked him what his blood type was he said, 'O positive.' I said, 'Danny, I am O positive, and I want to donate a kidney to you,'" Stallings said.

"I couldn't believe him," said Contreras.

"I told him I would like to visit him at Walter Reed Bethesda, but I could tell he was in disbelief or maybe just thought I was full of it and just me carrying on without having thought it through," Stallings added.

"What he did not know is I had already made up my mind right then and there on the phone," Stallings continued. "I felt like it was definitely some sort of sign that the first donation did not work out because me donating to him felt so right. We have always had a bond that only Marine brothers and sisters will understand. Now since the donation, somehow that bond is even stronger. I did not think that was possible, but it surely is."

Contreras explained what happened next.

"He knew before I knew it was going to happen and called me to say, 'It looks like it's a go for November,' and I said, 'What are talking about? He said, 'We're going to do the transplant.' I said, 'OK,'" Contreras explained.

The two wanted to do the transplant on Nov. 10, the Marine Corps' birthday, but the logistics just didn't work out. They explained

following additional testing when it was determined for sure Stallings was a good match for Contreras, there was not enough time as WRNMMC already had surgeries scheduled for that day.

"As I look back, I will never forget how professional and respectful the people and the treatment were at Walter Reed Bethesda," Stallings said. The care and treatment I received at Walter Reed was sincerely the best I have ever experienced from [Lt. Col.] (Dr.) Jason Hawksworth and his entire team to all of the hospital staff I came into contact with were top-notch in their care and sincere respect for me and Danny."

Stallings added he doesn't regret his decision to donate his kidney to his Marine brother.

"I will always have his Six [Back]," Stallings said. "Making this decision was absolute and easy for me." He added it took him "all of a Nano second" to make the decision, adding "Marines NEVER will leave a Warrior on the battlefield."

"I was proud to be in a position to be able to help out my brother in his time of need...a decision that probably helped me as much as it helped him, probably more," Stallings continued. He explained he was at a crossroads in his life with changes playing out on many levels, from employment to going through a divorce from a 12-year marriage, which provided him with two young children.

"I am continuously learning how to be the best father I can be for my children in a post-married life," Stallings continued. "I am very happy and proud that my 10-year-old daughter Savannah Marie Stallings and 7-year-old son Nicholas Hamilton Stallings, got to go through and share this entire experience with me. It is one of my proudest moments and decisions of my entire life, and I am very grateful that my children got to experience it with me. I could preach to them and talk to them for years on end,

but an experience like this has more lessons that come with it than there is paper to write on or money to buy something with," he added.

Contreras said things have been "great" since the transplant. Prior to it, he said dialysis had been a challenge and slowed him down. "I can do things now that were difficult to do before. The other day, I was working on the gutters and a year ago, I couldn't do that, I was pretty much stuck in the house. I couldn't do much physically. Now, it's kind of like I got a second chance at life."

He said he has seen Stallings and his family a few times since the transplant, and they are planning a trip to the Marine Corps Museum, soon.

"Walter Reed Bethesda has been good to me on more than one occasion," Contreras continued. "This is the second event in my life Walter Reed Bethesda has taken good care of me." He explained following the stroke in 1998, he spent nearly three months at the former Walter Reed Army Medical Center, having lost use of nearly all of the right side of his body because of paralysis. "Through physical therapy, I gained most of that back."

"The most overriding theme for me about the whole experience is how I realized the bond that Danny and I share has always been there," Stallings added. "We had not seen each other for almost 25 years until the day we met at Walter Reed Bethesda for his dialysis back in 2016, and then again when we were in the hospital together starting Nov. 28 for a few days and when we moved to the Fisher House on base for a couple more weeks.

"I would do it again in a heartbeat," he added. "It's been almost ten months and I feel great. Danny and I talk regularly, checking up on each other and I always hang up the phone with a smile on my face knowing we are both very fortunate men. Fortunate is an understatement."

WRNMMC Soldier Wins MEDCOM Best Warrior Competition

Story and photo by
MC2 (SW)
Kevin V. Cunningham
WRB Command
Communications

Army Sgt. Roberto A. Saenz, a preventive medicine specialist stationed at Walter Reed National Military Medical Center, won the U.S. Army Medical Command Best Warrior Competition July 23-26 at Camp Bullis, Texas.

The week-long competition between hand-selected Soldiers from throughout the MEDCOM included a series of challenges to test the physical and mental stamina and warrior task knowledge of each competitor to select the “best of the best” to represent MEDCOM in the Army-wide Best Warrior Competition later this year. The competition consisted of the Army Physical Fitness Test, weapons qualification, warrior tasks, mystery events, day and night land navigation, a written exam with an essay, 12-mile road march and an oral board.

“I owe my success to the great teamwork and mentorship the Army has provided me,” said Saenz, a native of Spring Branch, Texas. “It’s an accomplishment to be proud of and motivates me to prepare for the next level.”



Army Sgt. Nicholas Heister, a supervisor and mentor of Saenz, said it was evident from Saenz’s first day at the command that he wanted to achieve high goals and was willing to make the sacrifice that they would entail.

“We’ve worked together since 2015 and ever since then he’s showed a tremendous amount of resiliency and ability to use good experiences and bounce back from bad ones,” said Heister. “It’s rewarding to mentor someone with so much motivation and determination.”

Saenz commented on the difficulty of the MEDCOM competition, saying the most important value to keep in mind while competing was personal motivation.

“Staying focused and motivated when you feel like giving up is the key to keeping your mind sharp out there on the course,” said Saenz.

“Having him on our team here at Walter Reed has been a real positive impact,” said Army Capt. Donny Skinner, chief of Environmental Health at WRNMMC. “He serves his fellow Soldiers as a mentor who constantly leads by example. Not only does he excel in his job specialty, but he goes above and beyond to excel in all aspects of what it means to be a Soldier.”

Saenz now prepares to represent the MEDCOM at the Army’s Best Warrior Competition in October.



Osseointegration Offers New, Revolutionary Option In Prosthetic Care

Story and photo by AJ Simmons
WRB Command Communications

Navy Cmdr. (Dr.) Jonathan Forsberg (left) and Army Lt. Col. (Dr.) Kyle Potter, who lead the osseointegration program at Walter Reed National Military Medical Center, began the first clinical trials in February of 2016 placing the first compress-based, osseointegrated prosthesis in May of 2016.

In the past few years, the work in prosthetics at Walter Reed National Military Medical Center (WRNMMC) has taken continuous steps forward. One of the most significant steps in recent history was the development of one of the first American osseointegration programs in the field.

The osseointegration program at WRNMMC, led by the work of Navy Cmdr. (Dr.) Jonathan Forsberg and Army Lt. Col. (Dr.) Kyle Potter, began its clinical trials in February of 2016 and placed its first compress-based, osseointegrated prosthesis in May of 2016.

“In the simplest terms, osseointegration refers to the direct skeletal attachment of a prosthesis,” explained Potter. “So we’re putting an implant into the bone and bringing it out through the skin.”

Forsberg and Potter were first drawn to the field of prosthesis—which then led them to osseointegration.

“Both Dr. Potter and myself noticed that there was a lack of osseointegration expertise within the Department of Defense (DOD), and we were well-positioned to bring that to the DOD,” said Forsberg.

While osseointegration in the DOD is still in its early development as a program, Potter explained that the current advantages are considerable for patients who experience difficulty with conventional, socket-based prosthetics.

“A lot of discomfort and functional limitation are associated with socket-related problems,” said Potter. “[Osseointegration] gets rid of all socket related problems—whether it’s pain, ulceration, pinching, sweating or difficulties with socket fit and suspension.”

Potter also elaborated that there are additional benefits to osseointegration. By anchoring the prosthesis directly to the bone, patients are capable of much more articulate and precise movement of their prostheses. This also offers patients an improved sense of osseoproprioception—the ability to feel where their residual limb is in space without needing to look at it.

Forsberg explained that by bypassing the methods of socket-based prostheses, osseointegration can get patients out of wheelchairs and make them more functional. Additionally, through osseointegration, patients that prefer not to wear an upper-extremity prosthesis can use a more contemporary or even robotic device.

The osseointegration program at WRNMMC got its start in part from Forsberg’s work with Dr. Rickard Brånemark, a Swedish orthopedic surgeon who helped to pioneer the method with his research team.

“We’re standing on the shoulders of giants,” said Forsberg. “The Swedish group has 20+ years of experience, and we’re lucky to have Rickard Brånemark as one of our most trusted advisors and collaborators.”

“What we’re really trying to do is provide the full spectrum of care to any service member with limb loss to optimize the functional capabilities of that individual,” Potter said.

“Not all osseointegrated implants are the same,” Forsberg pointed out. “Blast victims have unique anatomic considerations that we must take into account before we decide which implant is appropriate.” He noted that patients injured in blasts have a potentially higher risk of infection, and that requires that the osseointegration department proceed more carefully and pursue implants that are able to be revised in cases of infection.

As the field of osseointegration continues to develop in the United States, both Potter and Forsberg stress the importance of safety above all else.

“Right now we’re still in the process of determining if osseointegration is safe and efficacious in the military,” explained Forsberg. “Once we can define the complication profiles of osseointegration, we might be able to offer it to a wider range of patients, rather than only patients with high transfemoral amputations or transhumeral amputations.”

As far as the future of the field, Forsberg and Potter hold high hopes for the continued progression and development of osseointegration while maintaining their consistent focus on safety at all times.



Liberty Center Brings New Look, Feel to NSAB

Story and photo by Megan Garcia
WRB Command Communications

Matt Jackson is hoping to bring a new look and feel to the Naval Support Activity Bethesda Liberty Center located in Building 11. Since arriving in January, Jackson said he has definitely felt right at home, joining a team of staff members who genuinely care about the various people who frequent their facilities.

"People here have been super welcoming. The MWR staff as a whole is really here for [service members and their families]. That's super true," he said. "Everyone here from community recreation to the gym to the bowling center cares."

Unlike other bases, Jackson, who manages the Liberty Center, said the base's center is unique in that it is open and available to a larger

audience. Whereas most Liberty Centers on other facilities are only open to single Sailors, E1-E6, the NSAB Liberty Center is opened to all single service members, all wounded warriors and non-medical attendees, which are friends and family who have come to support in the recovery of a patient.

He added geographical bachelors or married, unaccompanied service members who are stationed on NSAB can also utilize the facility's services.

Jackson has already begun to make changes in the way the center operates.

"We've started offering some healthier drink and snack options, so if anyone wants to grab a snack or take a lunch break here, we have that as an option," he said.

These options include a new coffee and tea bar, which Jackson said is an alternative to the once option of only sodas. He has also added a water jug in the center or patrons can opt for a bottle of sparkling water. For snacks, Jackson is

now including turkey jerky and healthier chip options in contrast to just candy.

He is also ensuring the center maintains the latest variety of movies and video games.

Although these services are not open to Department of Defense employees and contractors, Jackson said DOD employees and contractors are more than welcomed to take advantage of some of the trips offered at a discounted price.

"Liberty center is really a two-part process," Jackson said. "The first part is the center. It's this space that's open from 9 a.m. to 10:30 p.m. every, single day of the week. It's a spot you can come relax, play video games, eat some popcorn and just hang out. It's a very chill zone. But the second part is our trips. There are easily 10 base trips per month for our DOD civilian employees as well as contractors."

Outside of the discounted rate on tickets, Jackson said they also offer free transportation to the events. He added although they do not offer child-priced tickets, children are free to accompany their parents if the parent has purchased a ticket for the child from the original venue.

"My ultimate goal for the Liberty Center, and again it is a two-part process, but for the center itself, I want to make this a place where people can come and relax and for them to know they can utilize this place as a resource and for them to feel really comfortable hanging out with the staff that is here," Jackson said. "But then on the other side, for the programs and the trips, I want everyone to take advantage of living in D.C. It is really a melting pot of a ton of different opportunities. We do our best to find really cool, fun activities to make sure people are having a good time while they are here."

To sign up for the trips hosted by the Liberty Center, visit <http://navymwrbethesda.eventbrite.com>.

Commissioned Corps of the U.S. Public Health Services Celebrates 219th Birthday

Story and photo by AJ Simmons
WRB Command Communications

Walter Reed National Military Medical Center (WRNMMC) celebrated the 219th birthday of the Commissioned Corps of the United States Public Health Service July 13 in the rotunda of the hospital's iconic tower.

The ceremony opened with a performance by the U.S. Health Public Services Music Ensemble and an introduction by U.S. Public Health Service Lt. Cmdr. (Dr.) Micah Sickel.

In his opening remarks, Sickel offered those in attendance a brief history of the founding of the Public Health Service, saying, "On July 16, 1798, the fifth congress passed an act to establish an organization to provide temporary relief and aid to sick and disabled seamen."

Sickel explained that today the Public Health Service contributes to a wide variety of health initiatives, ranging from tobacco control and prevention to responses to natural disasters.

According to the Commissioned Corps of the U.S. Public Health Service's website, "Commissioned Corps officers are involved in health care delivery to underserved and vulnerable populations, disease control and prevention, biomedical research, food and drug regulation,



U.S. Public Health Service Capt. Jeanean Willis-Marsh, the chief of Health Services for the U.S. Public Health Services, highlights the nature of service members in the Public Health Service during the 219th birthday of the Commissioned Corps of the United States Public Health Service on June 13 in the rotunda of the hospital.

mental health and drug abuse services and response efforts for natural and man-made disasters."

Following Sickel's opening, WRNMMC Director Navy Capt. (Dr.) Mark A. Kobelja introduced the ceremony's keynote speaker, U.S. Public Health Service Capt. Jeanean Willis-Marsh, the chief of Health Services for the USPHS.

Willis-Marsh, who serves as an advisor to the United States Surgeon General as part of her duties, highlighted the dynamic nature of service members in the Public Health Service. She explained that those service members bear two roles—that of a health care provider and that of an

officer in the military.

"As we celebrate our long and industrious history, remember our oath to protect, promote, defend and advance the health and safety of the nation on this day and the days ahead," said Willis-Marsh.

Willis-Marsh explained that the role of the Public Health Service is constantly evolving to address the health concerns of the nation, such as "the rising burden of non-communicable diseases, the obesity epidemic, the opioid crisis, the rise of diabetes and hypertension and additional behavior and health concerns."

President's Physician Tells Graduates 'Practice Extraordinary Medicine Now'

Story and photos by Bernard S. Little
WRB Command Communications

The physician to Presidents Donald Trump and Barack Obama, Navy Rear Adm. (Dr.) Ronny L. Jackson, offered the approximate 300 graduates of health-related training programs in the National Capital Consortium (NCC), four “tidbits” of advice during commencement June 23 at the Strathmore Music Center in Bethesda, Maryland.

“Find mentors and leaders who truly want to see you succeed and who are in positions to further your careers. It may be somebody who you least expect, so be nice to everybody,” was the first bit of advice Jackson offered the interns, residents and fellows graduating from NCC curriculums at the Uniformed Services University, Walter Reed National Military Medical Center, Fort Belvoir Community Hospital, and Malcolm Grow Medical Center.

“Determine for yourself the right place and the right time [to pursue an opportunity],” was the admiral’s second bit of advice to graduates. “Don’t let someone else decide if any opportunity...is the right place and the right time for you.” He encouraged the graduates to not “automatically buy-in” to those who may advise them that they “need more time under their belts or leadership experience” before they pursue certain jobs, and he used himself as an example.

Jackson explained once he became aware of his nomination for chief of the White House Medical Unit and physician to the president, several people in his chain of command suggested it may not be the right place and time for him. “While I agree...experience is always a great thing and nice to have, had I waited, I’m confident that this opportunity would have forever been gone.”

The third bit of advice Jackson had for the graduates is to “aggressively take advantage of opportunities,” and lastly, he encouraged them to “keep an open mind and roll with the serendipity.”

Jackson said the military has offered him opportunities he could not have imagined early in his career



The physician to Presidents Donald Trump and Barack Obama, Navy Rear Adm. (Dr.) Ronny L. Jackson, offers approximately 300 graduates of health-related training programs in the National Capital Consortium advice during a commencement ceremony June 23 at the Strathmore Music Center in Bethesda, Maryland.

when his intentions were to fulfill his initial service obligation and get out. “You all have opportunities that you have literally not begun to imagine,” he told the graduates.

The admiral added by the time he had fulfilled his initial service obligation, his views on leaving the military had changed to what it is now, that being: “I would get out if I could do the exact same job in the civilian world as I do in the Navy. Every job I’ve had in the Navy has been exciting, unique, and absolutely something that cannot be [easily transferred to] the civilian world.

“Where else can you go to work each day [on] a submarine...jump out of airplanes...fast rope out of helicopters...dive in sunken German battleships...swim with seals and sea lions...travel all over the planet aboard Air Force One...spend the night in Buckingham Palace...ride camels through the vintage sea of Petra...witness history firsthand from within three presidential administrations...and practice medicine abroad in [war-torn] countries, and sometimes, get into combat zones to make a real difference when your country needs you most?

“Don’t waste or take for granted the unique

opportunities military medicine provides you,” Jackson told the graduates. “You will leave the military someday, and you will have the rest of your life to practice ‘ordinary’ medicine. I encourage you to try your best to practice ‘extraordinary’ medicine now until that time comes,” he concluded.

While some of the NCC graduates will remain at WRNMMC to practice “extraordinary” medicine or receive additional training in their specialties, others will embark to all corners of the globe, including the South Pacific, Europe, Asia and Middle East to military bases, ships and other locations to provide selfless military healthcare. One of those service members is Army Capt. (Dr.) Opeyemi I. Oluyemi, who completed a transitional year in the NCC and now heads to a general medical officer tour at Schofield Barracks in Hawaii. He earned his medical degree from the Western University of Health Sciences in California through the Army's Health Professions Scholarship Program before completing his transitional internship in the NCC. Oluyemi said he is now looking forward to his pathology rotation at Schofield Barracks.

“It’s great and always exciting to make that next step,” Oluyemi said about graduating. “It also means more responsibility. I’m looking forward to joining the 25th Infantry Division in Hawaii,” he added.

Army Maj. (Dr.) Christina S. O’Hara, a graduate of U.S. Military Academy at West Point and East Tennessee State University Quillen College of Medicine, completed her residency in the NCC’s Occupational and Environmental Medicine Program. She described graduating from her residency as a “stupendous moment. I’m very, very excited to be done and on to now helping people.” She will be practicing occupational medicine at Fort Sam Houston, Texas.

Air Force Maj. (Dr.) Charles G. Stahlmann graduated from the fellowship program in pulmonary and critical care medicine at WRNMMC. “It feels a little surreal after 10 years of post-graduate training,” said the physician, headed to Nellis Air Force Base, Nevada.

Army Maj. (Dr.) Gabriel Pavey’s wife, Army Maj. (Dr.) Ashleigh Pavey, graduated from a fellowship in neonatal – perinatal medicine. She will be an attending neonatologist at Madigan Army Medical Center near Tacoma, Washington. He is going to a fellowship at the University of Washington in musculoskeletal oncology after completing his residency in the NCC.

Pavey saluted his wife for her diligence and determination in completing her fellowship, as well as being a mother, wife and Soldier. “There were a lot of long days and long nights. Being in training together is tough. It’s challenging to have two physicians in training who are parents.” The couple has a 3-year-old daughter, Alexandra, and an 18-month-old son, Benjamin. “She has also been a wonderful stepmom to my 12-year-old son Christian,” Pavey added.

“What’s impressive about this is [my wife] takes care of people in their most challenging time – new parents with sick babies,” he continued. “She’s extremely cut out for it and does wonderfully. I’ve seen her interact with families and she does a wonderful job at it.”

Also during the ceremony, 15 awards were presented to graduates, faculty and staff members for excellence in research, teaching, practice and outstanding performance in graduate medical education.

Navy Lt. (Dr.) Sean A. Lacey earned the Outstanding Intern Award. Navy Lt. (Dr.) Serennah E. Harding received the Lt. Neil Holland Award for the house staff member who best exemplifies excellence in



teaching, humanitarianism, ability as a clinician, instructor, counselor and mentor voted on by the intern class.

Army Capt. (Dr.) Adam M. Barelski earned the Outstanding Faculty Award.

Army Capt. (Dr.) Anton Vlasov (resident) and Navy Lt. Cmdr. (Dr.) Mae Wu Healy received the Gen. Graves B. Erskine Award for the Outstanding resident and fellow as determined by a selection committee.

Navy Lt. Cmdr. (Dr.) William A. Cronin earned the Maj. Gen. Lewis A. Mologne Award for the physician in training who best exemplifies those quality of the late general, including a commitment to the care of patients, loyalty to country, respect for truth, honesty and dedication to the practice of medicine as exemplified by Mologne.

Col. (Dr.) Jeffrey A. Mikita received the Vice Adm. James A. Zimble Award as the program director whose contribution, dedication and interest in teaching have significantly supported the WRNMMC GME program.

Navy Capt. (Dr.) Gregory H. Gorman earned the staff physician teacher of the year award.

Army Lt. Cols. (Drs.) Micah J. Hill and Melvin D. Helgeson earned the Lt. Gen. Claire L. Chennault

faculty recognition awards for overall teaching excellence.

Navy Lt. Cmdr. (Dr.) Benjamin R. Hershey received the Chennault award for outstanding psychiatry faculty member.

Dr. Anuradha Ganesan earned the GME mentor award.

Army Lt. Col. (Dr.) John M. Csokmay III earned the Innovative Curriculum Award.

Navy Capt. (Dr.) William T. Shimeall received the Parker J. Palmer Courage to Teach Award.

Theresa Kiefer earned Program Coordinator of the Year Award.

Navy Lt. Cmdr. (Dr.) George C. Balazas and Army Maj. (Dr.) Gabriel J. Pavey earned the Bailey K. Ashford Clinical Research and Laboratory Research Awards, respectively.

And those earning the Robert A. Phillips Awards included: Navy Lt. (Dr.) Luke Johnston (resident clinical study); Air Force Col. (Dr.) Matthew Ritter (staff clinical study); Army Capt. (Dr.) Christopher Daniels (resident laboratory study); Army Maj. (Dr.) Kristen P. Zeligs (fellow laboratory study); and poster winners Army Cpts. Elizabeth Cleveland and Ana H. Isfort.



Some graduating interns pause for a photo before commencement June 23 at the Strathmore Music Center.

WRNMMC Performs Corneal Crosslinking For the First Time

Story and photo by AJ Simmons
WRB Command Communications

The Department of Refractive Surgery at Walter Reed National Military Medical Center (WRNMMC) performed its first corneal crosslinking procedure on May 19, making it one of just three military treatment facilities to offer the procedure to service members and their families.

“The procedure is basically hardening and strengthening weakened corneas,” said Army Maj. (Dr.) Paul Houghtaling, an ophthalmologist at WRNMMC who performs the procedure. “We’re using a combination of [ultraviolet light treatments] and riboflavin eye drops to form crosslinks—or more chemical bonds—between the corneal lamellae.”

Houghtaling explained that the procedure is intended for patients diagnosed with keratoconus or post refractive ectasia—two conditions characterized by the weakening and thinning of the clear outer layer of the eye called the cornea.

Keratoconus, often referred to as KC, can cause decreased visual acuity and may even require a corneal transplant in some severe cases, according to Houghtaling. Post refractive ectasia, while very similar to keratoconus in symptoms, is seen in a small percentage of patients following a refractive eye surgery such as Lasik or Photorefractive Keratectomy (PRK).

Houghtaling explained that corneal crosslinking can halt the thinning of the corneas that is caused by keratoconus or post refractive ectasia by prompting the lamellae (the layered tissue of the cornea) to harden. This hardening, which typically occurs naturally in the corneas as humans enter their 40s or 50s, acts as a reinforcing agent similar in function to a bridge’s structural supports.

The goal of the corneal crosslinking procedure is to stabilize the eye and prevent the corneal deterioration from progressing further, according to Houghtaling.



As the Director of the Laser Vision Center, Dr. Joseph Pasternak (right) works closely with Air Force Maj. (Dr.) Paul Houghtaling (left) to perform the corneal crosslinking procedure at WRNMMC.

He also elaborated that without crosslinking, some patients might require specialized contact lenses or even a corneal transplant.

Corneal crosslinking, which has been performed in Europe since the early 2000s, received its FDA approval in the United States for treating progressive keratoconus and post refractive ectasia in April and July of 2016, respectively.

Houghtaling emphasized that the procedure stops the thinning and weakening of the corneas, but it does not reverse or cure the damage that has already been caused. Despite this, Houghtaling has high hopes for the future of corneal crosslinking. “...in the future, the goal would be to do a treatment where we can essentially reverse the damage or to fix the shape of the cornea and then harden it and strengthen it as it is,” he said.

Houghtaling added that earlier detection and a greater understanding of the causes of keratoconus are important steps to be taken in the future of its treatment.

To learn more about corneal crosslinking, keratoconus and post refractive ectasia, visit the WRNMMC Department of Ophthalmology’s webpage at <http://www.wrnmmc.capmed.mil/Health%20Services/Surgery/Surgery/Ophthalmology/SitePages/Home.aspx> or the National Keratoconus Foundation’s site at www.NKCF.org.



Walter Reed Bethesda Honors Extraordinary Nurses

Story and photos by Bernard S. Little and Kalila Fleming
WRB Command Communications

Walter Reed National Military Medical Center recently honored four of its nursing team members with the DAISY Award for Extraordinary Nurses.

Navy Capt. Valerie Morrison, director of nursing services at WRNMMC, presented the DAISY awards to Vashtie Sirleaf (April), Navy Ensign Danielle Cogburn (May), Veronica Young (June) and Army 2nd Lt. Sydney Rice (July) at their work areas.

The DAISY Award for Extraordinary Nurses recognizes nursing excellence at the facilities that have the program. Currently, there are more than 2,500 health-care facilities in all 50 states and 15 countries honoring nurses with the DAISY award.

DAISY stands for Diseases Attacking the Immune System, and the award began in 1999 in memory of J. Patrick Barnes, who died earlier that year at the age of 33 from Idiopathic Thrombocytopenic Purpura, an autoimmune disease.

"Just days after he died, we began talking about what we would do to help fill the giant hole in our hearts that Pat's passing had left," stated Mark Barnes, Patrick's father, on The DAISY Foundation website. "We created The DAISY Award for Extraordinary Nurses and piloted the program at the Seattle Cancer Care Alliance, whose nurses cared for Patrick during the last weeks of his life. Our goal was to ensure that nurses know how deserving they are of our society's profound respect for the education, training, brainpower, and skill they put

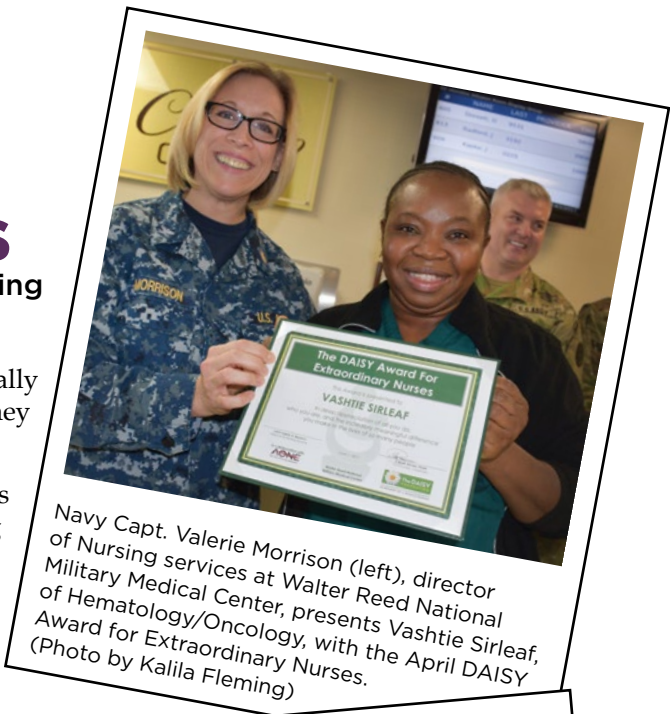
into their work, and especially for the caring with which they deliver their care.

"It's just a great way for us to recognize our nursing team on a monthly basis," Morrison said about the initiative at WRNMMC. "It really does spotlight the excellent care each and every one of our nurses gives every day," she added. Anyone, including patients, family members, colleagues, volunteers and visitors, can nominate a nursing team member for the DAISY award at WRNMMC.

The patient who nominated Sirleaf for the April DAISY award stated, "[This nurse's] skills are beyond exceptional, and she is committed and very compassionate. [She] has the hands of absolute magic."

"It's a joy to have a continuity of care with our nation's warfighters and their families," said Sirleaf, who is originally from Monrovia, Liberia. She added faith and her co-workers are her biggest motivation in caring for and striving to heal each of her patients.

A physician nominated Cogburn, who works on 5 East for the May DAISY award stating, "This nurse is always diligent in addressing patients' needs. This nurse's dedication to patient care, safety and comfort is extraordinary. On this night



Navy Capt. Valerie Morrison (left), director of Nursing services at Walter Reed National Military Medical Center, presents Vashtie Sirleaf, Award for Extraordinary Nurses. (Photo by Kalila Fleming)



Navy Capt. Valerie Morrison (left), director of Nursing services at Walter Reed National Military Medical Center, presents Veronica Young, of 4 Center, with the June DAISY Award for Extraordinary Nurses. (Photo by Bernard S. Little)



Navy Capt. Valerie Morrison (left) presents Ensign Danielle Cogburn, of 5 East, with the May DAISY Award for Extraordinary Nurses. (Photo by AJ Simmons)

in particular, this nurse helped manage a patient with nausea... [Cogburn] called the resident to alert me to the situation, and by the time I was in the room, she had already cleaned up the patient and the room, and helped the patient to a chair. This nurse then proceeded to help [with] NG-tube... This nurse has an excellent knowledge of the department and great situational awareness. I'm privileged to have this nurse as an asset to night float (as a resident)."

A staff member from Occupational Therapy nominated Young for the June DAISY award, describing her as "dedicated, professional and always being in a positive, happy mood." The nominator also stated about the 4 Center certified nursing assistant, "I always observe [Young] going over and beyond with patients, and in particular, one long-term patient. [Young] has developed a good rapport with us (therapy staff) and has borrowed OT specialty shower chair to shower this patient [once or twice a week] and assist this patient with self-care tasks. [Young] obtains clothes for the patient from the Red Cross, and she washes [them] to ensure they are clean for the patient.

"I am sure there is plenty more that [Young] does that we are not well aware of, but the good that I do notice I just wanted to communicate it with the nursing administrative staff [and let them know] that this nursing team member's hard work is not going unnoticed and that we all appreciate it," stated the nominator about Young.

A patient nominated Rice, of 5 Center,

for the July DAISY award, stating, "This nurse embodies all of the principles the DAISY Award stands for...The primary characteristic that puts this nurse head above the rest is advocacy."

The patient added about Rice, "Out of all my hospital stays, I've never had a nurse that truly cared for the patient so much as to fight for them the way [she] has done. [She] would listen carefully to my concerns and recognized the need for the multiple disciplines to coordinate a unified plan. This nurse made that collaboration happen. She called meetings with the various doctors to facilitate joint decisions. This nurse went up the chain of command of immunology to ensure people would be staying late to support giving shots that needed to be done before the weekend began. [She] ensured my multitude of medications were delivered on time and were correct. This nurse would do it all with a calm and nurturing attitude."

Rice gave credit to her colleagues on 5 Center. "I enjoy working here and you guys are a great team," she said to her co-workers. "I wouldn't be where I am if you guys didn't teach and mentor me," she added.

Morrison noted that the DAISY award honorees "personify the Walter Reed National Military Medical Center's remarkable patient experience. These nursing team members consistently demonstrate excellence through their clinical expertise and

extraordinary compassionate care, and they will continue to be recognized as outstanding role models in our nursing community," she added.

Each DAISY award winner receives a serpentine stone sculpture hand carved by artists of the Shona tribe in Zimbabwe. The stone sculpture, called "The Healer's Touch," is representative of the special relationship nurses have with their patients, explained Joan Loepker-Duncan, a cardiology service clinical nurse who serves on the WRNMMC DAISY Award Selection Committee. In addition the, winner will receive a coupon for free cinnamon rolls, a favorite of Barnes during his illness.

Nominations for the DAISY award can be submitted to any nurse or clerk on your ward or clinic, or by e-mail to joan.loepkerduncan.civ@mail.mil. Nominations can be mailed to Joan Loepker-Duncan, WRNMMC, 8930 Brown Drive, Bldg. 9, Room 2894, Bethesda, Maryland 20889. For additional information about the DAISY award at Walter Reed Bethesda, contact Joan Loepker-Duncan at 301-319-4617.



Navy Capt. Valerie Morrison (left), director of Nursing services at Walter Reed National Military Medical Center, presents Army 2nd Lt. Sydney Rice, of 5 Center, with the July DAISY Award for Extraordinary Nurses. (Photo by Bernard S. Little)



TMS Therapy: Alternative Treatment For Depression, Anxiety

Story and Photo by Megan Garcia, WRB Command Communications



Dr. Navneet K. Atwal, a psychiatrist in the Adult Outpatient Behavioral Health Clinic at Walter Reed National Military Medical Center, and her team of Transcranial Magnetic Stimulation treatment medical professionals are hoping to help patients who are looking for an alternative treatment for depression and anxiety.

For patients with depression who have not benefitted from certain antidepressant medications or cannot tolerate antidepressant medications due to side-effects, Atwal said TMS therapy has shown to be a safe and well-tolerated effective procedure.

According to Atwal, TMS therapy uses precise, targeted magnetic pulses via a magnetic field generator called a coil that is placed on a person's scalp and emits small, electric currents to the region of a person's brain involved in mood control and depression.

A patient who spent seven years in the Navy and deployed twice to

said she didn't know if she could put herself through that again, so she discussed various alternative options with her provider, who recommended she try TMS therapy.

The TMS treatment takes place five days a week, for four to six weeks, with each session lasting about 40 minutes.

"I was reluctant to do it, but my spouse told me I had to try whatever I could," she said. "She said, 'Try it once, and if I don't like it, so be it.'"

She explained with her depression and anxiety, leaving her house was a struggle. Additionally, the constant fatigue she felt from not getting any rest had gotten so bad that even driving had become difficult for her. However, she pushed forward and began her treatment in March and saw instant results.

"I noticed immediately after sitting in the chair for 40 minutes I was more tired, and I was leaving here a little sleepy, and I was like, 'Wow!,' this is kind of weird because I am usually so edgy that I'm not sleepy at all. So I'd go home in the afternoon, and I haven't slept during the day in I don't know how many years, and every once in a while I would fall asleep and take a nap," she said.

She laughed as she remembered calling her TMS therapy nurse to tell her how she was finally able to get some rest.

"I felt so much better, and now when I sleep, I'm like a rock. When I'm out, I'm out," she added.

Although she is still taking some medication from time to time to help her sleep, her dosage has been decreased from 200 mg to 50 mg.

"If I have trouble calming down at night, I'll take them, but it's not nearly what I had to take before," she said.

She has also seen improvements in her mood.

"I'm totally ok with taking the dogs outside now," she said, referring

to her three dogs that also have a litter of puppies. "They love to go for walks. Before, there were sometimes when I just didn't want to go outdoors. Now we go on three walks a day. There's not a lot keeping me from going out now."

She also finds she doesn't need her anxiety medication as much and only takes it once a week versus every day.

She said she is glad she made the decision to try the treatment.

"It seems like a lot at first, but its way worth it, and it becomes way easier after the first couple of weeks," she said. "Then it's no longer 'Oh my God, I have to go every day.' It's 'I'm going to feel so much better after I get out of that chair.'"

Another service member who still serves on active duty said he has also seen a change since starting the therapy.

In 2014, six months after he joined the Navy, he said he started to feel detached from everything, and he also noticed he didn't enjoy doing some as much as he did before. After finally reaching out for help in early 2016, he was diagnosed with depression and anxiety and was placed on medication.

He decided to start the TMS treatment in May after talking with his provider about his growing frustrations with medications he felt weren't working.

He started to see changes going into his third week of treatment.

"The biggest thing that I noticed was the impact on my anxiety," he said. "I had deadlines coming up, and instead of freaking out and not doing anything about it, I just did it. Things seemed more doable, and I didn't get overwhelmed as quickly."

Although he still has some time before he is finished with the treatment, he said he is very pleased with the results so far. The

detachment he once felt has gotten better, and he's more willing to engage with people than he was before.

"I'm starting to talk to people a lot more and reconnect with my family," he said. "My psychiatrist said when she first saw me I would smile with my mouth, but not with my eyes, but now she said she's notices a difference."

Atwal said that due to its noninvasive nature and minimal risk of lasting side effects, TMS therapy has been studied as a possible treatment for a wide range of psychiatric conditions, though the data is strongest for use in treatment of Major Depressive Disorder.

However, Atwal said in order for a patient to qualify for the treatment, they must first be diagnosed with Major Depressive Disorder or Anxiety Disorder and have had one unsuccessful trial with an antidepressant medication. Additionally, the patient must also be referred by their provider for evaluation and consideration for the TMS treatment. She added unfortunately patients who have a history of seizures, metal implants or devices that could be affected by a magnetic field do not qualify for TMS.

"We have a wonderful team for our TMS therapy service at our clinic, including another psychiatrist, Dr. Joanna Galati and two TMS therapy nurses, Annette Davis and Yogeswari Nathan," Atwal said. "They are very attentive to the patients' needs and are competent in rendering the TMS treatment."

From left to right: Dr. Joanna Galati, Dr. Navneet Atwal and Annette Davis, a nurse who works in the Adult Outpatient Behavioral Health Clinic at Walter Reed National Military Medical Center, stand behind the chair and equipment used to perform Transcranial Magnetic Stimulation therapy for some patients who suffer from depression and anxiety. All three women specialize in this type care for patients.



"I had eye pain and came into [ophthalmology] without an appointment. [Navy Lt. Cmdr.] Dr. Chou saw me immediately and took great care of me. Very inspirational."

"[Navy Lt.] Dr. Allison Bush, without hesitation took critical values for outlying clinics and other departments' patients [as the medical officer of the day]. She is professional and extremely motivated to help. I would never expect that level of customer service while giving another person extra work. Thank you."

"[Army] 1st Lt. [Elizabeth] Yearous consistently served as an outstanding liaison between the nurses of 5W and the oncology team. She participated in rounds each time she was charge (nurse) and was instrumental in the efficient and safe transfer of a patient with a [gastrointestinal] bleed to the [Intensive Care Unit], assisting with the timely drawing of labs and starting of medications. Keep up the good work!"





From left to right: Lt. Cmdr. (Dr.) Nicholas Logemann, National Institutes of Health physician Dr. Isaac Brownell, Red Cross nurse volunteer Jennifer Allen, University of California, Irvine, medical student Jannette Nguyen and dermatology resident Dr. David Martell comprise a portion of the Cutaneous Oncology Clinic team at Walter Reed National Military Medical Center. Logemann also highlighted the contributions of head dermatology nurse Jamal Winston, Carolyn Parker and David Bitonti, who are not pictured.

Clinic Helps Keep Patients Safe, Aware of Dangers of Skin Cancer

Story and Photo by AJ Simmons
WRB Command Communications

Despite the temperature, people should always remain mindful about protection from the sun, caution health-care providers at Walter Reed National Military Medical Center. The sun can pose a danger during even the cooler months of fall and winter.

Lt. Cmdr. (Dr.) Nicholas Logemann, director of the Cutaneous Oncology Clinic at WRNMMC, highlighted the importance of skin cancer awareness for the safety of service members and civilians alike.

“Skin cancer is the most common form of cancer,” said Logemann. “While typically skin cancer is not lethal, it is always most easily treatable when detected early.

Delays in treatment can lead to large and deforming scars or even potentially [the cancer] spreading to other parts of the body.”

Logemann pointed out that there are multiple types of skin cancer, with melanoma being the most dangerous.

Melanoma is a type of cancer triggered by the mutation of melanin-creating cells in human skin called melanocytes, according to the American Cancer Society’s webpage. These cells, which typically assist in the creation of pigmentation in skin, can be damaged and mutated by exposure to the ultraviolet (UV) from the sun or a tanning bed.

While melanoma is considered to be the most dangerous type of skin cancer, it is by no means the only category. Other types of skin cancer include basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), among several others. These two forms of carcinoma are often categorized together as non-melanoma skin cancers, according to physicians.

“Prevention by protection from the sun’s radiation is crucial,” said Logemann. “Early detection is key,” he added.

He stressed it is critically important for patients who notice a bump or sore that will not heal for many weeks to be evaluated by a physician, regardless of what caused the mark. Joining this, he pointed out that patients with a mole that is different from other moles or that is changing in color, shape or size should also see a dermatologist.

Logemann also explained that patients who have a history of sunburns as well as patients whose mother, father or sibling have been diagnosed with skin cancer should strongly consider being seen for at least an initial skin exam by a dermatologist.

“The best advice I can offer is that if you or a loved one [are] worried about something, have it looked at,” Logemann explained. “It typically only takes a few moments of a dermatologist’s time.”

The future of detection and protection of patients against the dangers associated with skin cancer is continuously developing, according to Logemann.

“There are many new medications being developed to treat advanced skin cancer,” Logemann said. “These new medications promote the body’s own immune system to fight off the cancer.”

One new development to the Cutaneous Oncology Clinic is its addition of a semi-automated total body imaging system, a device that may help to reduce the number of skin biopsies required when testing patients for skin cancer.

“We are also hoping that [the semi-automated total body imaging systems] may reduce patient anxiety, as we can more accurately track individual skin lesions to monitor for changes,”

said Logemann.

He is also optimistic that in the future these imaging systems may be able to increase patients’ access to their dermatologists through teledermatology, a long-distance method of performing checkups and follow-up appointments.

Logemann pointed out that while the developing skin cancer treatments have shown efficacy, they are still being investigated and tested to ensure their safety and effectiveness.

In light of this, Logemann remains focused on patients’ immediate safety and awareness: “Despite these new treatments...skin cancer is always best treated early. Prevention and early detection are crucial.”

The WRNMMC Cutaneous Oncology Clinic provides patients with “head to toe” skin examinations to screen for skin cancer in the hopes of providing the early detection.

“Our nurses and support staff call patients to help remind them of their need for follow-ups,” Logemann said of the clinic. “They also help patients book appointments.

For more information about the Cutaneous Oncology Clinic or skin cancer detection and prevention, visit the clinic’s page on the Walter Reed National Military Medical Center website, www.wrnnmc.capmed.mil.

“Each and every time that I have called the IT for assistance with AHLTA and or CHCS, Mr. [Dominique] Miller has gone above and beyond to help me resolve my problem. And with each problem, he has put me at ease and corrected the problem in a very timely manner! The IT department is very lucky to have such a mannerly, resourceful and intelligent young man. Great job, Mr. Miller!”

“IT2 Christopher Foster is very professional with excellent customer service. He understood the urgency of the hotline phones and was able to assist us in a timely manner. We truly appreciate his support with Sexual Assault Prevention and Response needs.”

“Information Technology Specialist 2nd Class Erique Edwards very capably installed my laptop, but really went above and beyond when he came back to my office this afternoon to help me locate some files that I thought were missing (but really weren’t). He also walked me through accessing VPN, and went out of his way to make a phone call on my behalf to fix a problem with my VPN. I am now all squared away with my laptop, I have all of my files, and am able to work remotely. He should be commended for his professionalism, competency, and work ethic – wonderful work!”

After 52 Years, Cardiac Nurse Still Has Her Passion for Her Calling

Story by Bernard S. Little and Joe Nieves, WRB Command Communications



Francine Joyce Bryant, head nurse of the Cardiac Rehabilitation Center and coordinator for the Heart Failure Clinic in Cardiology at Walter Reed Bethesda, was recently honored by the medical center for more than 45 years of federal service, most of which was served at Walter Reed and the National Institutes of Health. (Photo by Joe Nieves)

Francine Joyce Bryant tells it to you straight, but with a touch of humor and sincere compassion. The smile on her face remains constant, even when the topic of discussion turns serious. And most importantly, she knows her stuff, especially when it comes to her passion for more than a half century – cardiac care and nursing.

Bryant has been a cardiac nurse for more than 52 years. Thirty-five of those years she has worked at the former Walter Reed Army Medical Center (WRAMC), and recently the Walter Reed National Military Medical Center (WRNMMC). The leadership team at the hospital honored her this spring for 45 years of federal service. She began her career at the National Institutes of Health (NIH) in 1965, but left in 1968 to join the WRAMC team until 1971. She returned to NIH in 1971 and worked there until 1979. She went back to WRAMC and left in 2001 to work at Shady Grove

Medical Center, but returned to WRAMC in 2007.

Currently, Bryant serves as head nurse of the Cardiac Rehabilitation Center and coordinator for the Heart Failure Clinic in Cardiology at WRNMMC.

"It's been an evolution," said Bryant of her lengthy and rewarding career.

Born in Savannah, Georgia, Bryant explained how her family moved often, so she's "from everywhere in general and no place in particular." But she calls the Bethesda/Rockville area home, having arrived here Aug. 1, 1965 to begin her nursing career at NIH.

"When I was a girl, the thing about what girls did after they graduated from high school was kind of limited," Bryant said. She explained most women at the time became secretaries, teachers or nurses. "I thought I'd try nursing," she continued.

"I hired myself out when I was a teenager as a nurse's aide at the local hospital in Ohio, where we were living at the time," Bryant said.

"When you start out at the bottom rung and you find something redeeming in that, I went, 'This is it,'" she recalled in describing how she came to the decision that nursing was her passion and what she wanted to do with her life.

"I applied to three nursing schools. I wanted to go to the Hospital of the University of Pennsylvania because it was a big medical center with a good reputation. I got accepted to the two other hospitals I had applied to, but I hadn't heard from Penn. I called them up and said, 'If I don't qualify, I would just like to know.' I was brazen," she recalled with a laugh, but her fortitude paid off.

"I got my appointment to come in for an interview the next week, and

I was accepted," Bryant said.

She explained the Hospital of the University of Pennsylvania "was a grand place to go to school. They really believed in educating you and not just training you, which is a big difference."

Bryant said one of the two "seminal moments in her life" occurred during her senior year in nursing school at Penn.

"We were tasked to create a presentation to our classmates, choosing an organ and a disease that affects that organ." She and her partner for the project "got stuck with the liver. It's a fascinating organ and I have the utmost respect for what it does, but [the project] was the hardest thing I'd ever done."

She added two of her other classmates did their project on the heart and discussed the congenital defect called Tetralogy of Fallot, named after French physician Dr. Etienne-Louis Arthur Fallot. The condition affects infants, who are commonly referred to as "the blue babies" because of the bluish color to their skin caused by the heart defect. "They died very quickly after birth because of [poor] blood circulation."

"I sat [in class] in utter rapture," Bryant remembered as she listened to her classmates describe the condition. She said she thought to herself then, "That's what I want to do." And that's what she has done for more than five decades -- been a cardiac nurse of one form or another.

Bryant said the other seminal moment in her life happened during the 1970s while she was working at NIH. She had applied for a job as a school nurse at "a very exclusive girl school," which she thought would be a change

from what she had been doing. She was very close to being accepted for the position. "Literally at the 11th-and-three-quarters hour, the school called me up and said they had an experienced school nurse who had also applied for the job, and that while they appreciated my application, they decided to go with her.

"Like clockwork, the head of the monitoring department at NIH came to me and said cardiology was looking for a nurse to run the stress lab," Bryant continued. She applied for the position and got it.

"That was a huge breakthrough for two reasons," she explained. "Nurses had not done stress test in those days," she said, so she was breaking ground. In addition, she got to work with the echocardiograph machine, which was new to the field at that time. "It was very much in preliminary phase, so I turned out to be NIH's first echo tech. We built up [stress testing] to be a world-class division of cardiology," she said, adding the experience kept her on the cutting-edge of all that was going on in the field of cardiology at the time.

Throughout the course of her career, Bryant said she's been asked on numerous occasions to be a part of something new, groundbreaking and experimental, and her response has always been, "Sure." She explained this has kept her up-to-date on the advances in the field.

"Each of my changes in jobs built on what went before, so it has always been a progression," Bryant continued. "Need and want kind of merged, so I've had a phenomenal career. It's been so interesting and it's been fun," she added.

She said at NIH she got to work with Dr. Kenny Kent, one of few cardiologists in the United States

at the time doing angioplasty, prior to the evolution of stents. "At that time, by-pass was pretty new, so to think you could get the kind of results we did with angioplasty without patients having the zipper down their chests was like, 'Man, that is so cool,'" she laughed.

Bryant said she's been lucky during her career to be able to go back and forth between NIH and Walter Reed Bethesda to learn and share information, knowledge and breakthroughs.

"Working here has been an honor," Bryant added about Walter Reed Bethesda. She said "there's an excitement about what you're doing" at the Flagship of Military Medicine.

She added that one of the rewards of her career was her recent induction as an associate into the American College of Cardiology, which bestows credentials upon cardiovascular specialists who meet its qualifications. Membership is based on training, specialty board certification, scientific and professional accomplishments and duration of active participation in a cardiovascular related field.

Another of the rewards of her career Bryant said is to be able to talk to people, especially her patients, and hear their stories. "To be part of their experiences, because they have generally been through a lot, as well as for them to count me as a colleague and a friend is rewarding. There's a closeness in the [military community], and I've known some of these people for 30 years. You're part of a network of magnificent people. It's like family. We do get involved with our patients and still maintain the therapeutic edge. It's proven to be worthwhile for 52 years," she concluded.



WRNMMC Clinical Chaplain selected as finalist for Lumen Christi award

Story and photo by AJ Simmons
WRB Command Communications

Army Chaplain (Lt. Col.) John “Frank” O’Grady, a Catholic clinical chaplain at Walter Reed National Military Medical Center, was recently selected as one of eight finalists for the Lumen Christi Award.

The award, described by O’Grady to be “like a Nobel Peace Prize for Catholics,” was introduced by the Catholic Extension Society in 1977 to recognize members of the church who use faith to make a difference in the lives of others and the world around them.

The Lumen Christi—or “Light of Christ”—receives nominees from 45 Diocese across the United States each year, which are then reduced to eight finalists before the winner is selected by a committee of judges.

“I was surprised. They told me they were submitting my name back in March, and I thought nothing of it,” said O’Grady, humbly admitting that he had not expected to become a finalist. Several months later, he received word that he—along with seven others—had been selected from 45 nominees as finalists for the award.

His nomination came in recognition of 24 years of military service as an Army Chaplain among the U.S. Archdiocese for the Military Service.

In his nomination of O’Grady for the award, Archbishop Timothy P.



Broglia explained that O’Grady has provided “compassionate pastoral care...to active duty military personnel and their families in South Korea, German and throughout the United States.”

Broglia went on to acknowledge O’Grady’s commitment to pastoral care in times of crisis: O’Grady received an Army Commendation Medal after 9/11 for his “leadership, dedication to duty and calm professional demeanor” as he spent five nights attending to survivors and the families of victims at the Pentagon. O’Grady’s career has been defined by answering the call of service in moments such as this.

A native of Ireland, O’Grady came to the United States in 1978 to serve at the Diocese of Paterson, New Jersey. This would eventually lead him to joining the Army Reserves several years later.

“Joining the Reserves was a bit of a strange thing, because the commander used to attend Catholic mass at the parish where I served. He came in after mass one evening, and he asked me, ‘Will you come do mass for the soldiers?’” O’Grady explained. “I told him, ‘If the boss agrees, I can do it.’ So I got permission then to join them from the bishop.” Shortly thereafter, O’Grady said, he was asked to join the Army Reserves.

In 1994, O’Grady came to active duty as a chaplain and is now in his

24th and final year of service before retiring. At 72 years of age, O’Grady is the oldest chaplain serving in the Army.

His duties at WRNMMC are defined by continuous, caring support for patients and their families. In particular, O’Grady provides pastoral care to patients in the Intensive Care Units, Emergency Room and various other units throughout the hospital.

“The qualities of hope and peace and faith are all connected,” said O’Grady, explaining his work at the hospital. “You bring peace to people in a way by showing them that they’re going to get well taken care of while they’re here. You bring hope to people with the fact that ups and downs are a part of life. The way to deal with it is to take every day as it comes to you. Don’t worry about next week. You take every day as it comes.”

In particular, O’Grady emphasized the importance of hope for patients at the hospital in his work: “A symbol of hope [is] the biggest thing, combined with listening. It breeds acceptance. People accept their situation when they see that there’s hope there that perhaps they can be turned around. We say religion is very often turning over a new page and starting all over again, and every day is a new day, and not to be discouraged and to be hopeful.”

Hope, O’Grady noted, can be as simple as providing a sense of a respectful community in the hospital. “When we encounter [patients and their families], we treat them as human beings, and we respect them. That’s, I think, very much a part of healing too,” said O’Grady. “It’s like creating a kind of home away from home. The room can be a kind of a home for the patients, and that is their temporary home while they’re here.”

O’Grady’s work is not limited to the patients and their families, though. He and the other chaplains in the WRNMMC Office of Pastoral Care offer monthly resiliency events for staff members of various departments, such as the Intensive Care Units, the Emergency Room and Respiratory Therapy. The events, he explained, are brief meetings in which staff members discuss life concerns and issues.

“We deal with human issues: marriage, relationships, conflicts, personalities and stress,” said O’Grady. “It’s just the outreach—they appreciate that. It’s something to get a discussion going, and we’ll discuss for maybe 10 to 12 minutes.”

O’Grady noted the significance of connecting with staff members on a human level, saying, “It’s just something to show the staff that we care. We preach religion on Sundays, but they’re going to be more impressed that we reach out to them in care. They’re more interested in what you have to offer them at a human level before they start getting interested in what you offer in any other level.”

Retiring at the end of this year, O’Grady explained that being awarded the Lumen Christi award would be a touching recognition of the WRNMMC Pastoral Care team’s work. He said, “I’m going to be retiring after 54 years. I think it’s kind of an affirmation of the work that we do. I think it shows the value that people place on the work that we do.”

He continued that the award could also increase the interest for members of the church to serve as chaplains. “Maybe some of them will think about the military,” he said. “We can bring a religious tone—a religious element—to the

healing process.”

According to the Catholic Extension Society’s website, the winner of the Lumen Christi award will be announced in mid-Fall. For now, though, O’Grady continues to focus on helping patients through his brand of compassion, care, teamwork and faith.

To learn more about the Pastoral Care programs at WRNMMC, visit the Pastoral Care web page at www.wrnmmc.capmed.mil or call (301) 295-1510.

Chaplain (Lt. Col.) Father John “Frank” O’Grady is one of eight finalists for the prestigious award. (Photo by AJ Simmons, WRB Command Communications)

“[Lisa Banks Williams] is an amazing asset to this team. She wears multiple hats and is in charge of multiple important jobs such as intake coordinator, marital counselor, social worker, registered nurse, etc. She co-facilitates the sexual assault groups and makes herself available to staff at all times. She never complains, and is always positive and supportive. She deserves a shout out!”

“[Petty Officer 2nd Class Martell] Alston has been a staple in the Linen Department for DFA and in the process of transferring has continued to raise the standard. He has stayed after hours and put personal appointments to the side regarding his PCS move...to cover down, continue to stand duty, [and] train his replacement...Even after being taken off the watch bill, he still continued to come in on weekends to follow up on the duty section to handle any issues and as the first shift linen supervisor, [he] has worked into second shift to cover down manning when needed. He put his job and his Sailors first, and the character he embodies is rare and very valuable and is worthy of recognition. He has the mentality and work ethic of a first class petty officer, and with a wife and three children, has been able to balance his work and family life flawlessly.”

“Hans-Gabriel Nicolas worked and stayed way past working hours in an attempt to rectify [my IT] issue. He was able to at least restore access without CAC card so I could attend a training that required hospital computer access. Hans then set me up the following day with his department boss, Faisal Islam to further trouble shoot the issue. When I went down to [see Islam], he had already informed the staff that I would be coming that morning and that is when I had interface with Nick Langston who additionally assisted to continue to trouble shoot my access issue. I write this to highlight outstanding customer service and continuity that is rare these days. The IT department was extremely professional, and should be highlighted and acknowledged and an example for all departments.”

“I encountered Army 1st Lt. Melanie Faherty last night, as she was charge nurse on 4W. I brought a very complicated patient/coordination problem to her at approximately 6 p.m. She was refreshingly polite, professional and genuinely caring. There was unending chaos surrounding us as we were trying to speak. Every phone at the nurses’ station was ringing; my phone started ringing; a patient was yelling in hallway at staff, etc. [Faherty] remained calm and easy, which was critical at that moment. I thanked her before I left, but I want to recognize her in a bigger way. She is exactly what this organization needs! Thank you, 1st Lt. Faherty, for being a cheerful, warm light in a dark and difficult situation.”



Nursing Staff On Journey To ‘Pathway to Excellence’

Story and photo by Bernard S. Little, WRB Command Communications



A member of the Walter Reed National Military Medical Center nursing team asks Jeff Doucette and Patience Harris, of the American Nurses Credentialing Center, how WRNMMC can best achieve Pathway to Excellence designation during a briefing July 17 at Walter Reed Bethesda.

Walter Reed National Military Medical Center’s Directorate of Nursing is well on its journey to Pathway to Excellence (P2E) designation, said officials from the American Nurses Credentialing Center during a briefing July 17 at WRNMMC.

P2E designation by the ANCC recognizes health-care organizations that promote and sustain a safe, positive and healthy work environment for nurses, which leads to better outcomes for patients. To earn P2E status, an organization must integrate specific P2E standards into its operating policies, procedures, and management practices. The ANCC grants P2E designation for four years, which is earned through a comprehensive review process.

During the July 17 meeting at WRNMMC, ANCC officials Jeff Doucette and Patience Harris briefed the WRNMMC nursing team on how to achieve P2E designation. They explained WRNMMC’s pillars and P2E standards are aligned, as well as P2E facilities are characterized by a health-care team in which nursing leadership is strong; policies reflect nursing input; and where a healthy environment calls for the best nursing practices.

“We have been on our journey since September 2016,” said Navy Cmdr. Bridgette Ferguson, special assistant for P2E in the WRNMMC nursing directorate, which has adopted the theme “P2E, the Journey Begins with

Me.” She explained WRNMMC’s nursing directorate has established teams focused on P2E standards, which include shared decision-making, well-being, professional development, quality, safety, and leadership, all surrounding a positive practice environment.

The WRNMMC pillars of quality, research, readiness and education, surround its priority of the patient being at the center of the medical center’s mission.

“When[theANCC]visitsorganizations, we like to look at what your current structure is, or how you expect your organization to perform,” Doucette said. He explained WRNMMC’s pillars (readiness, quality, research and education) have significantly helped to put the nursing team on its journey to P2E designation because of the pillars’ similarities with P2E standards.

Harris, senior registered nurse specialist for the ANCC, further explained the P2E standards and what organizations seeking P2E designation are expected to achieve.

She said shared decision-making allows nursing staff shared governance and interprofessional collaboration to influence care delivery, workflow, hiring, product evaluation, as well as engages staff, builds teamwork and strengthens culture.

“Effective leadership fosters collaboration and a shared governance

environment,” Harris continued. “Leaders actively engage staff for input and serve as advocates for their patients and staff,” she added.

Safety encompasses the well-being of patients and staff, Harris said, adding that a safe environment prevents unnecessary accidents and violent incidents.

Quality initiatives develop and promote interprofessional collaboration, evidence-based research, improved outcomes and internal and external benchmarking, Harris explained.

Well-being emphasizes the importance of staff taking care of themselves so they are better able to care of their patients, she stated, adding that it’s important that the nursing staff is actively involved in planning those efforts that promote work-life balance and effectiveness.

Professional development includes “comprehensive orientation support and guidance of mentors and preceptors focused on staff members’ individualized learning needs, clinical experience and ongoing education,” Harris said.

She added that the overall benefits of adhering to P2E standards include the following: nurses feel valued and have a voice; there’s an environment that supports quality nursing practice; and nurses become central to interprofessional collaboration.

“The best benefit of all is saving lives,” Harris said.

On its journey to P2E designation, Ferguson explained the WRNMMC nursing staff has participated in a number of well-being initiatives including hospital-wide resiliency and wellness fairs, as well as fitness challenges for nursing team members.

She added the directorate also is practicing shared decision-making, with nurses sitting on boards for hiring actions in their units, as well as participating on other policy and procedure establishing groups within the medical center. In addition, team members participate in daily nursing huddles and interprofessional meetings. Members of the team have also produced a comprehensive book to inform staff of educational offerings at WRNMMC.

For more information concerning WRNMMC’s P2E efforts, contact Navy Cmdr. Bridgette Ferguson at 301-400-0566.

Improving Mental Health of Youth Focus of New Program

Story and photo by Kalila Fleming
WRB Command Communications



Dr. Uchenwa Okoli, child and adolescent psychiatrist, directs the Adolescent Intensive Outpatient Program at Walter Reed Bethesda

Teens of active-duty service members face unique challenges that make their mental health and well-being more vulnerable, and Walter Reed National Military Medical Center (WRNMMC) is making strides in combating the realities of mental health issues that adolescent military dependents face.

“Military children are faced with unique challenges when compared to civilian children. Military children are more likely to move every few years, and constantly have to adjust to a new community (region, school, peers, etc.). In addition, a service member who’s a parent may have deployments from home, and these separations from his or her parent may be stressful for the child and family system,” stated Dr. Uchenwa Okoli, Child and Adolescent psychiatrist and director of the Adolescent Intensive Outpatient Program at WRNMMC.

Public Health Service Lt. Cmdr. (Dr.) Micah Sickel, deputy service chief of the Child and Adolescent Psychiatry Service (CAPS) noted the clinic recently launched the Adolescent Intensive Outpatient Program (A-IOP) for high risk teenagers, ages 13 to 18 years old.

“This program is for teens who are experiencing increased difficulties due to a number of psychiatric disorders, including mood disorders, disruptive behavior disorders and anxiety disorders. A-IOP is designed to help adolescents who are transitioning from inpatient or partial hospitalization,

and require more intensive outpatient services to prevent repeat inpatient or partial hospitalizations, and/or need crisis stabilization and could benefit from more intensive outpatient care,” Sickel said.

Traditionally, referrals made to the clinic consist of teenagers struggling with depression, self-injurious behavior, anxiety, impulsive and aggressive behaviors, anger issues, distorted or inaccurate thinking and school difficulties, Okoli explained.

Olki noted A-IOP and CAPS include individual therapy, family therapy, parent guidance, medication management and neuropsychological testing.

Okoli also noted the learning opportunities that are provided for health-care providers in training. “[Our clinic] is also a primary teaching site for the child psychiatry fellowship program, and there is academic activities occurring on-site daily,” she said.

In fall 2015, Army Lt. Col. (Dr.) David Miller, deputy chief for Clinical Operations in CAPS and clinical psychologist, led the development team for establishing the A-IOP at WRNMMC.

“The program fills a treatment need, saves money, and early outcome data suggests the program is working,” Miller said. “As far as I know, the A-IOP at Walter Reed is the only one of its kind in the Department of Defense and recent comparison of teen-completed pre-treatment symptom scores to final session symptom scores revealed statistically significant reductions in depression, anxiety, and anger.”

Additionally Miller stated that ongoing assessment of program efficacy is required, and he is hoping the department will share the A-IOP model with other military treatment facilities nationwide.

“It is important for parents to observe for any changes from their teenagers baseline that may be impairing their functioning at home and school. For example, if your teenager seems more withdrawn, isolated, and sad, or if you teen has severe mood swings and is engaging in high risk behaviors, families can contact CAPS, and request evaluation by a behavioral health provider,” the doctors said.

She added, “Teenagers may also be navigating psychosocial stressors specific to this developmental phase at school, and among peer groups and family.”

The doctors added that the program meets after school from 4:30 to 7:30 p.m. on Tuesdays, Wednesdays, and Thursdays for three consecutive weeks for a total of nine sessions. The program curriculum also includes a variety of psychoeducational groups such as suicide prevention, resiliency development, anger management, stress management and pet therapy. Group-focused interventions, team building to improve emotional regulation, as well as coping and problem solving-skills are also included in the program sessions.

Okoli expressed that parent involvement is essential in the program, as parents are required to remain on base during program hours and participate in select groups.

For more information, the Child and Adolescent Behavioral Health Clinic is located in the America Zone (Building 19) on the fourth floor or contact the clinic at 301-295-0576.



Red Cross VolunTeens

Story by Areebah Shah
Red Cross VolunTeen



Each summer the Red Cross at Walter Reed Bethesda has a volunteer program specifically geared toward high school students called VolunTeen. With recruitment beginning in February, the program is competitive, requiring a teacher recommendation and essay. Those chosen to participate experience work in roughly 20 medical departments and Clinics at Walter Reed National Military Medical Center.

This year, 47 students were chosen to participate in the VolunTeen program for a six-week period. VolunTeens were assigned positions where they provided assistance to staff by performing everyday tasks such as answering calls, filing paperwork, interacting with patients, shadowing doctors and nurses and even sitting in on surgeries. Some of the areas where VolunTeens assisted included Audiology, Dermatology, Gastroenterology, Hematology, Obstetrics, Occupational Therapy, Psychiatry, Pediatrics, Physical Therapy and others.

In these areas, VolunTeens were very highly valued for their effort, enthusiasm, and overall helpfulness, according to Marin Reynes Herman, senior station manager for the American Red Cross at WRNMMC. "The VolunTeen program has inspired

me to join military medicine," said William Serrano, a teen volunteer. "By spending time in the clinic, I have really gotten a sense of how a hospital operates. The staff has been very welcoming. Volunteering at Walter Reed has turned out to be a great experience for me."

During their six weeks at Walter Reed Bethesda, VolunTeens also participated in Medical Awareness for Teens (MAT) Seminars. The MAT seminars were held weekly during the program and are educational experiences in which teens engage in a hands-on briefings in specialized medical fields. This is the

second year to include the MAT program to further VolunTeens' involvement in military medicine. The 2016 MAT program lineup included Radiology, Occupational Therapy, Uniformed Services University, Simulation Center, and Hospital Dentistry and Prosthetics.

Rahel Eskinder, another VolunTeen, said, "I like that I get hands on experience working in the medical field. It's really such a unique opportunity to be so involved in a hospital environment." The VolunTeen program not only provides students with a valuable base to build on in hospital training, but it gives them a chance to break out of their comfort zones and explore new developments

in science that they may one day choose to pursue, Reynes added.

Eli Rockabrand, a two-year VolunTeen, said "I feel like I'm a part of something bigger. The time I have spent here has been so valuable. I have been exposed to so many different clinics and fields."

Though the VolunTeens have been able to take advantage of their time at Walter Reed personally, it has also resulted in them having a renewed appreciation for the work of the Red Cross and the United States military.

The hospital atmosphere gives teens a sense of gratuity and community, ensuing in them appreciation of service, time every person in the hospital and in the field gives to their country, many of the teens stated. "The VolunTeen program is fun and educational way to spend my summer," said Alea Oliphant. "It has benefited me personally to come to a military center and witness the efforts of our armed forces. It feels good to be able to help them out."

Some of the nearly 50 high school students selected to participate in the annual American Red Cross VolunTeen program at Walter Reed National Military Medical Center this summer, take a moment for a group photo in the ARC office at WRNMMC. (Photo courtesy of the American Red Cross)

Interdisciplinary Practice Councils Enhance Patient Experience at WRB

Story and photo by AJ Simmons
WRB Command Communications



Since December of 2015, Walter Reed National Military Medical Center (WRNMMC) has pursued a mission to use interdisciplinary practice councils (IPCs) to provide the highest quality of patient care and innovative methods of health care provision.

"[IPCs] focus on continuous improvement and patient safety with the goal of providing an extraordinary patient experience," said Navy Capt. Nancy Condon, the IPC program manager.

She explained that IPCs gather staff members from various professional backgrounds with a variety of skillsets to innovate and enhance the delivery of health care at WRNMMC. Doctors, nurses, administrative staff, social workers and pharmacists, as well as many others, provide the IPCs their professional diversity.

"The IPCs revolve around the diversity of skillsets of the members, and that collaboration is more capable of solving a complexity of issues," said Condon.

According to Condon, WRNMMC began implementing IPCs as part of an overarching strategy to promote a "high-value health care delivery system."

IPCs follow a step-by-step process to affect change and innovation within departments of the hospital, according to a presentation by Condon. Ideas shared by members of the IPC are used to establish proposals, which then become a project for the IPC. Through this process, an idea from any staff member can be developed into an effective practice within a department.

"IPCs are an essential forum to bring all health care providers together," said Dr. Kalpna Prasad, chair of Interdisciplinary Practice Council for Nuclear Medicine at WRNMMC. "Whether [providers] are administrative staff, pharmacists, technologists or physicians, they have equal weight in sharing their different ideas, backgrounds, knowledge skills, experience, concerns and expertise towards a common goal."

That goal, Prasad explained, is to provide "excellent and compassionate care to our beneficiaries."

Prasad pointed out that developments originating from the Nuclear Medicine IPC have helped to increase patient satisfaction, streamline efficiency in the clinic and improve protocols and policies in the treatment of patients.

"The IPCs are designed to empower staff and establish a spirit of shared governance," said Army 1st Lt. LaDonna Tolbert, the chair for the IPC for the 3 Center Cardiac/Telemetry Unit. "The members are the vanguards for the unit, committed to patient and staff excellence."

Explaining the direct impacts of using IPCs, Tolbert said, "Patients and service members can be assured that the staff on 3 Center is using modern technology and some of the latest techniques for providing the best care that military health care can offer."

Tolbert also noted that the IPC benefits staff members as much as patients: "Being part of the IPC enhances unit cohesiveness. Staff members are being heard, and they actively see their ideas being carried out. This creates staff retention and harmony."

To become involved and participate in an IPC, staff members are encouraged to meet with the chair of their department's IPC. If the department does not have an IPC, but would like to establish one, they are encouraged to contact Condon.

For more information on Interdisciplinary Practice Councils or how to establish one in a department, please contact Capt. Nancy Condon at nancy.condon@med.navy.mil.

Dr. Kalpna Prasad, chair of the Nuclear Medicine IPC, uses ideas and discussions in her IPC's meetings to innovate new, efficient methods of improving the Nuclear Medicine service at WRNMMC.



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